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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.</b> 105090-0236																								
		<b>First Inventor</b> Gregory B. Altshuler																								
Title		<b>TISSUE PENETRATING ORAL PHOTOTHERAPY APPLICATOR</b>																								
		<b>Express Mail Label No.</b> EV 318 982 262 US																								
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		MS Patent Application <b>ADDRESS TO:</b> Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																								
<p>1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 50] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 39]</p> <p>5. Oath or Declaration [Total Sheets ]        a. <input type="checkbox"/> Newly executed (original or copy)        b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <i>(for continuation/divisional with Box 18 completed)</i>        i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>  <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> </p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>																										
<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)       <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul> </p>																										
<b>ACCOMPANYING APPLICATION PARTS</b>																										
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>																										
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____</p> <p>Prior application information: Examiner _____ Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																										
<b>19. CORRESPONDENCE ADDRESS</b>																										
<p><input checked="" type="checkbox"/> Customer Number: 021125 <input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below</p> <table border="1"> <tr> <td>Name</td> <td colspan="3">NUTTER MCCLENNEN &amp; FISH LLP Thomas J. Engellenner</td> </tr> <tr> <td>Address</td> <td colspan="3">World Trade Center West 155 Seaport Boulevard</td> </tr> <tr> <td>City</td> <td>Boston</td> <td>State</td> <td>MA</td> </tr> <tr> <td>Country</td> <td>US</td> <td>Telephone</td> <td>(617) 439-2000</td> </tr> <tr> <td colspan="2">Name (Print/Type)</td> <td colspan="2">Registration No. (Attorney/Agent)</td> </tr> <tr> <td colspan="2">Signature</td> <td colspan="2">Date</td> </tr> </table>			Name	NUTTER MCCLENNEN & FISH LLP Thomas J. Engellenner			Address	World Trade Center West 155 Seaport Boulevard			City	Boston	State	MA	Country	US	Telephone	(617) 439-2000	Name (Print/Type)		Registration No. (Attorney/Agent)		Signature		Date	
Name	NUTTER MCCLENNEN & FISH LLP Thomas J. Engellenner																									
Address	World Trade Center West 155 Seaport Boulevard																									
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Signature		Date																								
<p><b>Utility Patent Application Transmittal</b></p> <p>I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 318 982 262 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.</p> <p>Dated: February 10, 2004</p> <p>Signature: </p> <p>(Thomas J. Engellenner)</p>																										

Application No. (if known):

Attorney Docket No.: 105090-0236

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Application Data Sheet

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